

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name: ALUMINUM CO OF AMERICA

(Name or Type) CODE NO.

Pick-up Address: 5151 ALCOA AVE VERNON CALIF.

(NUMBER) (STREET) (CITY)

Telephone Number: 213-588-6141 P.O. or Contract No.: AA763853

Order Placed By: J. HERON Date: 8-1-75

Type of Process which Produced Wastes: SETTLING TANKS

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

CODE NO.

| DESCRIPTION OF WASTE (Must be filled by producer) | | |
|---|--|---|
| Check type of wastes: | | |
| 1. <input type="checkbox"/> Acid solution | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery waste |
| 3. <input type="checkbox"/> Pesticides | 8. <input type="checkbox"/> Tank bottom sediment | 13. <input type="checkbox"/> Latex waste |
| 4. <input type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil | 14. <input checked="" type="checkbox"/> Mud and water |
| 5. <input type="checkbox"/> Solvent | 10. <input type="checkbox"/> Drilling mud | 15. <input type="checkbox"/> Brine |

| [] Other (Specify) _____ | | | | CODE NO. | |
|---|-------------|-------|---------------------------|--------------------------|--------------------------|
| Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide) | | Upper | Concentration: Lower % | | ppm |
| 1 | NONE | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Hazardous Properties of Waste:

pH none ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Gross Volume 5000 ☒ gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Container(s) (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I solemnly (or declare) under penalty of perjury
that the foregoing is true and correct.

Karl E Boyner
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

SFUND RECORDS CTR
999000182

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Pick Up: 8-1-75 Time: 7 ☒ AM
(DATE) 15

State Liquid Waste Hauler's Registration No. (if applicable): _____

Job No.: _____ No. of Loads or Trips: 2ND Unit No. 5

Vehicle: ☒ Vacuum truck one barrels, ☐ flatbed, ☐ other _____
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPER. INC. CODE NO.

Site Address: MOBILE, G. ARLK

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ CODE NO.

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): _____ CODE NO.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 8-1-73

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

C. Sherman
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

K001113

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.**

D.O.T. Proper Shipping Name